

## CORRESPONDENCE

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### GNOCOCCAL FIXATION TEST

Sir,—In his letter in the *Journal* of June 1944, page 81, Dr. Harkness apparently accept Dr. Price's interpretation of his (Dr. Harkness's) statement that "a positive reaction (G.C.F.T.) is useless as a test of cure" and answers Dr. Price's challenge to produce concrete evidence by:

- (1) reference to 60 cases of urethral stricture in which this test was positive in 33 per cent;
- (2) quotations of instances of misuse and misinterpretation of the test; and
- (3) expressions of opinion.

Dr. Harkness states that "the test invariably gives negative results in ano-rectal infections in the male", and then quotes a series of 110 cases which gave positive results, of which "six may very well have been false positives". Why should they have been false?

Dr. Harkness expresses the opinion that certain organisms grown by Dr. Price, and giving positive oxidase reactions, were not gonococci. Is Dr. Harkness's practical experience of the culture and identification of the gonococcus so much greater than that of Dr. Price?

Surely a "considered opinion" is not concrete evidence; will Dr. Harkness produce his evidence that "infections in the male are never limited to the anterior urethra, and that the posterior urethra is involved even during the incubation period of the disease"?

It seems a pity that Dr. Harkness should have made such a serious attack on a test which many regard as useful and on which pathologists are expending so much time and trouble; admittedly the G.C.F.T. has its limitations, but so has the W.R., which has not been abandoned on that account.

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Sir,—Dr. Harkness was asked to produce concrete evidence in support of his opinions concerning the complement fixation test for gonorrhoea. His reply is not impressive.

In the second paragraph of his letter in the June number of the *Journal*, he states that for the last seven years I have done most of his tests. According to my records these amount to some 2,000. During the same period I have done in all some 40,000 tests, 30,000 of which related to clinic patients who have been under close scrutiny both clinically and by other pathological tests. (The figures are rough but approximately correct.) He has been asked frequently to come down to Whitechapel and examine the records, but up to now has failed to do so. Furthermore, in view of his opinions I suggested the omission of the test for his patients but, oddly enough, he refused to entertain the idea.

He has lifted a phrase from its context in the third paragraph, in order to persuade himself that I am becoming less dogmatic concerning the interpretation of a positive reaction.

The statement that since the advent of sulphonamides the test has become even more meaningless occurs in paragraph four, but there is no indication as to how Dr. Harkness arrives at this conclusion. As far as I know, no work has been published on the effect of sulphonamide therapy in relation to the complement fixation test for gonorrhoea. I hope to remedy this omission shortly.

The persistence of gonococcal antibodies in the blood stream for years or throughout life without the existence of a gonococcal focus is postulated in paragraph five. The reason for this assertion is not apparent. At the same time it might be said that there is some experimental evidence to the contrary. Moreover, what does Dr. Harkness mean by the statement that "a positive reaction is useless as a test for cure"?

Dr. Harkness's work as related in paragraph six seems to require little comment. However, it does appear that he has an undue faith in the value of negative results, when attempting to detect gonococci in the genito-urinary tract of patients suspected of harbouring a gonococcal focus of some years' standing. For a long time we have been trying to improve our methods, but I believe that we are still woefully inefficient.

Paragraph seven begins with this phrase: "In view of the frequency of persistently positive reactions which have no clinical significance . . ." He then relates the history of a girl in the Services in order to illustrate the point. According to him the positive reaction was due to an attack of vulvo-vaginitis eighteen years previously. He does not state that it was gonococcal vulvo-vaginitis and, even if it had been, such evidence as I have been able to obtain shows that only 18 per cent of children who suffer from this disease show a positive complement fixation reaction. If this be so, then the odds against his theory being correct are at least five to one.

In 1938 I omitted to mention sulphonamide-resistant patients (paragraph six) because at that time no one was in a position to estimate the real value of these drugs; Dr. Harkness must be well aware of this.

In paragraph nine Dr. Harkness quotes articles by two authors (Jacoby and others; Carpenter) in support of the assertion that "false positives are indeed frequent in this test". He would get the facts into better perspective if he read the report on the *Gonococcus* and *Gonococcal Infections* (1939, p. 40) published by the United States Health Service.